

Section A. Sovos Eligible Employee Participant Information

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|-----------|--|------------|-------|-------------------------------|
| Last Name | | First Name | | Phone Number (Mobile or Home) |
| Address | | City | State | Zip |

Section B. Matching Gift Recipient Organization Information

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|--|-------------|
| Organization Name | |
| Date of Gift made by Employee | |
| Amount of Gift given by Employee <i>(minimum \$50 contribution)</i> | \$ |
| <i>I certify that this gift is my personal contribution actually made, not merely pledged, and that it meets all the conditions listed in the Program Guide. I request this application to be considered for a Matching Gift from Sovos Compliance Systems, Inc.</i> | |
| Participant Signature: _____ | Date: _____ |

Section C. Volunteer Paid Time Off Organization Information

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|--|-------------|
| Organization Name | |
| Date of Volunteer Service by Employee | |
| Amount of Time Spent at Volunteer Service Organization | |
| Nature of your Volunteer Work with the Organization | |
| <i>I certify that I have been an active volunteer for the organization above and request the time off considered as Volunteer PTO.</i> | |
| Participant Signature: _____ | Date: _____ |

Section D. Official of Recipient Organization

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|---|--|
| Federal Tax ID Number | |
| Legal Name of Organization | |
| Address, City, State, Zip | |
| Name of Official or Volunteer Supervisor and Title | |
| Email address of Official signing this form and Organization Website Address | |
| Can your Organization accept a match via Credit Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>I affirm that the above personal contributions by employee, or the volunteer services provided by the employee, were made consistent with the guidelines stated in this application. I certify that our organization is a nonprofit 501(c)(3) tax exempt institution under the Internal Revenue Code of the United States. Furthermore, I certify that Receipt of this volunteer contribution of money or time will not represent payment in exchange for, or in expectation of, any monetary or other benefits to be given to the volunteer or any person or organization named by the volunteer.</i> | |
| Official Signature: _____ | Date: _____ |

Recipient Organization: Send this fully completed application, and a copy of your 501(c)(3) tax exempt certification to:
 Sovos Compliance. Attn: Human Resources
 200 Ballardvale St. Wilmington, MA 01887, or electronically at hr@sovos.com

Sovos Community Investment Program Employee Directed Contribution Application Instructions

For Matching Gift Contribution

1. Eligible program participants completing an application for this program must fully complete Section A and B of this application.
2. Once completed, forward this form and your personal contribution directly to the Nonprofit Organization of your choice.
3. Recipient Organization will need to fully complete section D, attach a copy of their 501(c)(3) tax exemption certification, and send to the address listed on the application.
4. Sovos will match verified employee contributions on a quarterly basis.

For Volunteer Paid Time Off

1. Eligible program participants completing an application for this program must fully complete Section A and C of this application.
2. Once completed, share this form with the official of the Volunteer Organization to complete Section D.
3. Return this fully completed form to the Community Program address listed on the application for your time to be classified Volunteer PTO.